



United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program  
Development

Environmental and  
Risk Analysis  
Services, Unit 149  
4700 River Road  
Riverdale, MD  
20737

I023700  
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ENQL 7-1 CY12  
PERMANENT  
Retire 2/17

February 10, 2012

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504P)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: single adverse effect  
incident dated May 17, 2011 for the reporting  
period ending July 31, 2011**

The Animal and Plant Health Inspection Service (APHIS) is submitting an adverse effects incident report in compliance with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 31, 2011:

EPA Reg. No. 56228-15  
Active Ingredient:  
Sodium Cyanide

M-44 Cyanide Capsules  
CAS No. 143-33-9

Incident Category  
W-B

No. of Incidents  
1

Details of the incident, occurring on May 17, 2011, were reported to WS Operational Support Staff on February 8, 2012. Please direct any questions pertaining to this incident to Ann Nasr at (301) 851-3099 or e-mail [ann.m.nasr@aphis.usda.gov](mailto:ann.m.nasr@aphis.usda.gov).

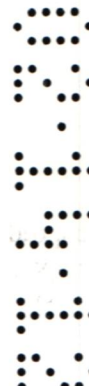
Sincerely,

Kenneth R. Seeley  
Chief, Environmental and Risk Analysis Services  
Policy and Program Development

Enclosure



Safeguarding American Agriculture  
APHIS is an agency of USDA's Marketing and Regulatory Programs  
An Equal Opportunity Provider and Employer



## Enclosure

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

## 6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE <i>W-B</i>	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT <i>5/17/2011</i>	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New <i>2/8/12</i>	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) <i>Gary M. McEwen</i>		TELEPHONE NUMBER <i>979/845-6201</i>	CONTACT NAME (If Non-APHIS or different from reporter)	
DUTY STATION ADDRESS <i>P.O. Box 604 Bryan, TX 77806</i>		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY <i>Inez</i>	STATE <i>TX</i>	COUNTY <i>Victoria</i>	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) <i>M-44 device was placed to prevent predation (coyote) on calves</i>				
INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) <i>pasture</i>		SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of applicator equipment, during manufacturing/formulation) <i>application</i>		
EPA REGISTRATION NUMBER <i>56228-15</i>	PRODUCT NAME <i>sodium cyanide</i>		ACTIVE INGREDIENT <i>sodium cyanide</i>	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)		WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SUMMARY OF THE INCIDENT (Attach supplemental form)

*black vulture pulled an M-44 device*

NAME OF PREPARER <i>Gary M. McEwen</i>	SIGNATURE <i>Gary M. McEwen</i>	TELEPHONE NUMBER <i>979/845-6201</i>	DATE <i>2/8/12</i>
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE